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ABSTRACT

Research has examined the effects of relocation on the physical and psychological well-being of the elderly, but has usually neglected the pre-relocation or anticipatory period. A study was conducted to examine the experiences of older persons waiting to relocate to subsidized age-segregated apartments. Subjects were interviewed twice over a 1-year period. At the initial interview, 63 older adults completed the Philadelphia Geriatric Center Multi-level Assessment Instrument (PGC MAI) and an open-ended questionnaire assessing attitudes toward their present home and toward relocation. One year later, when approximately one-half of the subjects had moved, 54 of the original subjects were reinterviewed using the same instruments and a second open-ended questionnaire which explored the meaning and importance of their home to them. While the moving process was perceived to be stressful by 60% of the relocated group and 28% of the non-relocated group, respondents employed complex appraisal and coping strategies with a very high rate of success. For the total sample, the results revealed no significant differences between time 1 and time 2 scores on the PGC MAI. Respondents who were still anticipating relocation showed slight longitudinal declines on the majority of the PGC MAI variables, but no significant decrements in functioning. Respondents who had relocated reported significant increases in environmental satisfaction over time. (NB)

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WAITING TO MOVE: STRESS, COPING AND THE MEANING OF HOME IN ANTICIPATION OF RELOCATION

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Over the past 30 years, a considerable amount of research has examined the effects of relocation on the physical and psychosocial well-being of the elderly. While positive effects have been demonstrated for some types of relocation (Carp, 1974; 1977), this research most often has attempted to determine whether relocation leads to or hastens the mortality and morbidity of older people, and whether there are some conditions or factors which heighten older people's vulnerability to "trauma" upon relocation. (See Coffman, 1981, and Kasl and Rosenfeld, 1980, for two of the most comprehensive and critical reviews of the literature on "relocation stress".)

Despite the extensive literature on relocation, however, relatively few studies have focused specifically on the pre-relocation (anticipatory) period, or have used this period as a baseline with which to compare subsequent post-relocation effects (See Bourestom and Tars, 1974; Gutman and Herbert, 1976; Lieberman and Tobin, 1983; and Zweig and Csank, 1976 for several notable exceptions.). Indeed, researchers know very little about the types of cognitions and emotions an older person experiences during the "waiting list" period. The need for prospective studies of relocation and other "social-residential" events, which are "sufficiently long-range prior to the event as well as in follow-up" has been voiced by Kasl and Rosenfeld (1980, p. 470) in their insightful discussion of the relocation literature.

The period prior to relocation cannot be considered stagnant. After an individual decides or is forced to relocate,

chooses or is informed of his or her relocation housing and applies for admission, he or she must then undergo a usually lengthy waiting period before space in the facility becomes available. This waiting period may be highly stressful, however, and may be a time during which the individual experiences anxiety due to, among other factors: 1) a fear of the unknown in the relocation environment (Kasl et al, 1977; Markson, 1982); 2) a fear of loss of personal control (Markson, 1982); 3) a fear of social isolation; and 4) the need to deal with changes in self-concept upon recognition that functional abilities are declining (Markson, 1982; Lieberman and Tobin, 1983). Moreover, even if the individual has acknowledged that relocation is necessary, it often is predicated by undesirable circumstances; researchers who have explored older people's "attachment to home" have found that a knowledge of the community, a "preference for the familiar" and nostalgia may augment older people's desire to remain or age "in place" (Lawton et al, 1973).

What meaning or significance do older people attach to their homes during this period of time? How do they perceive the "waiting" period? Is the period prior to relocation one of higher self-reported stress relative to other periods, including the post-relocation period? What variables mediate the perception of stress, and what types of coping strategies are employed during the relocation process? These are issues of both theoretical and practical importance; moreover, data on these issues clearly would have relevance for all professionals

involved in the relocation of older people. These are also the issues that gave rise to the present prospective study.

Method

Sixty-three older Torontonians awaiting relocation to subsidized age-segregated apartments were interviewed twice over a year period. All participants at one point had made an application to the Metropolitan Toronto Housing Company for an apartment. Of the 63 respondents, 48 (76%) were women; respondents' mean age was 71.4. Participants were diverse in terms of their ethnic backgrounds--45% were not born in Canada. There also was a wide range of (former) occupations, and a considerable degree of variability in terms of (pre-retirement) socioeconomic status; upon retirement, however, nearly all respondents were living on a fixed income.

In addition, there was a great deal of variability in terms of the length of time that respondents had been on the waiting list for a MTHC apartment. The mean length of time that respondents had been waiting was 23 months; however, this varied from one month to five years. There also was variability in terms of the degree to which respondents were still actively seeking one of these apartments. While most participants were hoping and planning to move, or saw it as an ultimate necessity, some had put in these applications long ago and had either made other plans, or had lost hope that an apartment would become available in the near future.

Participants were first contacted and then interviewed in

their homes in 1985. The interview schedule consisted of the Philadelphia Geriatric Center Multi-level Assessment Instrument (mid-length), a reliable, comprehensive questionnaire which provides indices of health (both self-rated and objective), level of cognitive and ADL functioning, mobility, time use, psychological well-being, social activity level and environmental satisfaction. Participants also received an open-ended questionnaire which assessed their attitudes toward their present home and toward relocation, i.e. its advantages and disadvantages, their estimations of when they would receive notice of the availability of an apartment, and the importance of knowing when they would receive notice.

In 1986, approximately one year later, attempts were made to recontact all participants; fifty-four of the 63 Toronto respondents were reinterviewed. At time two approximately one half had moved. All participants again received the PGC MAI and the questionnaire assessing their attitudes toward relocation. In addition, participants also received a second open-ended questionnaire which explored the meaning and importance of their home to them. This questionnaire concluded with items assessing respondents' cognitive appraisal of the relocation experience--that is, whether any facet of the moving process (including the anticipation of moving) was perceived to be stressful, and finally, what types of coping strategies were employed to help deal with either this situation or stressful events in general. The design of this study thus allowed for both longitudinal and

between-group comparisons, and provided the opportunity to assess coping and adjustment to actual relocation as well as to the continued anticipation of relocation.

Results and Discussion

It is obvious that a study of this scale would generate a massive amount of both quantitative and qualitative data. The data, moreover, were quite rich and complex; although, as a result, they were not always easily amenable to neat categorization or simplification. Although it is difficult to summarize the results of the present study, I plan to discuss a few general findings and patterns that emerged from the data.

The first of these relates to the longitudinal change data. Only a negligible amount of change was obtained in the Toronto data. There were no significant differences between the time 1 and time 2 scores on any of the PGC Multi-level Assessment Instrument variables. This finding--that is, the absence of significant longitudinal changes in health, cognitive functioning and psycho-social well-being over a year period--is, in itself, noteworthy. The majority of the Toronto respondents were involved in the process of either anticipating, planning or adjusting to relocation, a process which could be viewed as a significant life event. Yet, overall, no changes or declines were exhibited by these older respondents. These results suggest that residential change or the anticipation of change need not result in decrements in health or well-being for older people.

Examining longitudinal change among the total sample of Toronto respondents masks important differences between the participants who relocated by time 2 and those who did not, however. In fact, separate analyses of the data from these two groups revealed that, while the non-relocated group did not demonstrate significant change on any measure, the relocated group reported a significant increase in environmental satisfaction from time 1 to time 2. This increase, while interesting, is not surprising, given that these respondents were high functioning older people who were voluntarily moving to apartments of their own choosing, apartments which allowed them to maintain their sense of independence and personal control.

The absence of significant longitudinal change among the non-relocated, waiting list group is perhaps more interesting and unexpected than was the increase in environmental satisfaction among the relocated respondents. That is, most respondents wanted or needed to move; for many, this desire or need was perceived to be serious. It is thus reasonable to propose that many respondents would want the waiting or anticipatory period to be brief, or as brief as possible. Moreover, to the extent that the anticipatory period was in any way stressful, or resulted in some form of distress, it is also plausible that respondents who were still waiting to move by time 2 would be more likely to have experienced declines on measures of the PGC MAI than would the respondents who relocated by time 2.

In the waiting list group, no significant longitudinal

changes or decreases were obtained on any of the PGC MAI variables. However, non-significant declines were demonstrated on 15 of the 20 PGC MAI variables, while increases were obtained on only four variables; by contrast, in the relocated group, positive change was obtained on 13 variables while negative change emerged on four variables ($\chi^2 = 10.12$, $p < .05$). The significant difference in the pattern of results for the two groups provides some support for the notion that the anticipatory period of the relocation process may be associated with slight declines in functioning and well-being. On the whole, however, longitudinal declines among the non-relocated group certainly were not marked.

Why wasn't there a greater degree of change or longitudinal decline among these respondents? One possibility is that the "waiting list" or anticipatory period was not, in fact, stressful, difficult or otherwise disruptive to functioning and well-being. For many respondents, even if relocation was desired--eventually--the preferred moving date was in the distant future; thus, a prolonged waiting period would not adversely affect well-being. A second interpretation of these results is that, while the anticipatory period may have been stressful for respondents, longitudinal change was not manifested because they were able to cope successfully with their situations. It is likely that both possibilities are to some degree correct.

Turning to the data from the Meaning of Home Questionnaire, respondents were asked what their present home meant to them.

Their responses varied; however, the majority of these definitions focused on themes such as comfort, independence, familiarity, security and ownership. Home, in other words, was an area over which respondents felt they could exercise some, if not absolute, jurisdiction; it symbolized the independence and individuality of the home-maker. Indeed, 67% of the responses to this question suggested that the meaning and specialness of respondents' present homes were in some way related to the exercise of personal control over the environment.

These data are highly congruent with the findings of other researchers who have examined the meaning of home and environment for older people. For example, Golant (1984), studying older community residents in Evanston, Illinois, found that independence in the home environment was a very salient need and goal, and enhanced respondents' sense of personal control, autonomy and individuality. Similarly, in one of the few studies to explore the older person's own perceptions and creations of meaning in the environment, Rubenstein (1985) found that comfort and markers of "personalization" or personal control "defined" home for many of his respondents. An even more common theme to emerge from Rubenstein's interviews related to characteristics of independence. According to Rubenstein (1985), "the meaning of the environment is related importantly to independence since it is the place where independence is experienced, and for many older people the home is a major battleground for the continuation of independence (p. 4). Home's significance as a

place over which an older resident can exercise complete personal control also has been documented and discussed at length by Rowles (1978).

In short, in the present study "home" had considerable importance and meaning for the vast majority of respondents. Yet, for 11% of the respondents, home meant "nothing", or meant nothing anymore. What does it mean when home no longer has meaning? Comparisons between the respondents for who home meant "nothing" and those for whom home meant something yielded significant differences on measures of overall physical health, morale and psychological adjustment. Respondents for whom "home" no longer had meaning were in poorer health, and had lower morale and adjustment than did their counterparts. Reporting that home no longer had meaning seems indicative of a sense of apathy and indifference; such indifference seems not unlike the disinterest in food and sexual activity that are correlates and diagnostic criteria for depression. Future research should explore the health and psychological consequences of home's absence of meaning among older people.

Sixty percent of the relocated group and 28% of the non-relocated group perceived some facet of the relocation process to be stressful. This group difference is probably due to the fact that the waiting list group had experienced fewer facets of the relocation process that could give rise to stress. However, the finding that nearly 30% of this group experienced stress <u>in anticipation of moving</u> should not be dismissed lightly. This

indicates that, clearly, the anticipation period cannot be considered stagnant. Moreover, paralleling the results of the question regarding the meaning of home, individuals who appraised the relocation process to be stressful had significantly lower morale and adjustment scores than did those who did not.

The final open-ended item of the Meaning of Home Questionnaire dealt with respondents' coping techniques during the relocation period. Coping strategies did not differ as a function of relocation status. Not surprisingly, these strategies were complex and often difficult to categorize. Two different categorization schemes were applied to the data: Folkman and Lazarus' (1980) Ways of Coping Checklist, and Wong and Reker's (1985) Coping Inventory. Overall, emotion-focused strategies, or those that highlighted distraction, denial or engaging in other activities, were reported most often. However, at least 35% of the respondents used strategies which involved active planning, or soliciting and implementing the aid of others; accepting the situation or dealing with it philosophically also was reported frequently. In addition, the majority of the respondents used multiple coping strategies.

The third general finding related to the multiple regression analyses to predict indices of health and well-being. For these respondents overall, the best predictor of psychological adjustment at time 2 was respondents' appraisal of the relocation process as a threat, challenge or as non-stressful. This appraisal variable was a stronger predictor of well-being than

were any of the PGC Multi-level Assessment Instrument measures, including the health, social interaction and environmental satisfaction variables.

Examining the regression models for the relocated and non-relocated groups separately revealed that appraisal was the best predictor of adjustment for the non-relocated group only. These results suggest that the "waiting list" respondents who appraised the anticipatory period as non-stressful or challenging had higher morale and adjustment scores than did the respondents who appraised the relocation process as stressful or threatening.

For the relocated respondents, on the other hand, the use of multiple (problem-focused and emotion-focused) coping strategies was the best predictor of adjustment. In other words, the appraisal of relocation as a potential stressor was not a predictor of well-being for the respondents who relocated.

How might these results be interpreted? For this sample of respondents, it is striking that, in the non-relocated group, 28% of the respondents appraised the moving process as stressful, and their appraisal of relocation was the best predictor of psychological adjustment. In the relocated group, by contrast, 60% of the subjects appraised the relocation process as stressful, and the use of multiple and diverse coping strategies was the best predictor of adjustment and physical health.

Thus, when most people in a subgroup appraised relocation as not stressful, as was the case for the respondents who had not yet moved, then it is respondents' appraisal of the situation, or

primary appraisal in Lazarus' (1966) terms, that is the best predictor of morale and well-being. When relocation was appraised as stressful by the majority of the respondents in the subgroup, as was the case for the relocated group, then the use of varied coping techniques, or secondary appraisal processes in Lazarus' (1966) terms, was the best predictor of health and adjustment. These results suggest that once the relocation process is perceived to be stressful, then it is the way in which individuals cope with the situation that determines its impact on physical health and well-being. Good adjustment and physical health was best predicted by employing diverse coping techniques for the relocated Toronto respondents. Appraising relocation as a challenge or as not stressful was, however, the best predictor of adjustment among the Toronto respondents overall.

Since one of the primary aims of the present study was to determine the best predictors of health and well-being for older people during different phases of the relocation process, finding that appraisal and coping variables were among the best predictors of health and adjustment, and that these variables were stronger predictors than were most of the PGC MAI measures, clearly was an important result.

In addition, the qualitative data from the Meaning of Home questionnaire provided considerable information about the value and meaning that older people attached to their homes. Home provided older people with a domain in which to exercise and maximize their sense of control and mastery, and to maintain

important social relationships; home also provided these older people with familiar spatial and perceptual cues, cues which may have been central for the maintenance of unimpaired cognitive functioning.

In sum, while the moving process was perceived to be stressful by most respondents in this study—including nearly a third of the non-relocated respondents who appraised the anticipatory period as stressful, this group of older people employed complex appraisal and coping strategies with a very high rate of success. Although the respondents who were still anticipating relocation showed slight longitudinal declines on the majority of the variables from the PGC Multi-level Assessment Instrument, they showed no significant decrements in functioning. Moreover, the respondents who relocated reported significant increases in environmental satisfaction over time, reflecting their ability to transform their new living space into an area which they could call home.

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